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Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL060107	B. WING		R 12/11/2015					
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE						
THE HAVEN IN THE VILLAGE AT CAROLINA P. 13150 DORMAN ROAD										
(X4) ID	SUMMARY STA		E, NC 2813	PROVIDER'S PLAN OF CORRECTION	ON (X5)					
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE					
{C 000}	000) Initial Comments		{C 000}							
		followup Survey done by Bob ller on December 11, 2015.								
		y revealed that all deficiencies herefore a new plan of ed.								
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}							
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND								
	provide an environr Rule, by not mainta	et as evidenced by: vation, the facility failed to nent in accordance with this ining the HVAC/ventilation, ociated dampers free of								
	their radiation damp accumulation of du examples include b	AC and ventilation grilles and pers have an excessive st/lint. Locations of specific ut are not limited to: Toilet Rooms, near Actively a near Kitchen,								
			μ	<u> </u>						

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED					
		HAL060107		B. WING			R 11/2015			
	NAME OF PROVIDER OR SUPPLIER THE HAVEN IN THE VILLAGE AT CAROLINA P STREET ADDRESS, CITY, STATE, ZIP CODE 13150 DORMAN ROAD PINEVILLE, NC 28134									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE			
{C 189}	Continued From pa	ge 1		{C 189}						
{C 189}	Building Equipment	Maintained Safe, Ope	erating	{C 189}						
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electri umbing equipment in a maintained in a safe a	an adult and ting							
	maintained in a safe	rvation, the Building w e and operating condit gns did not work or rela	tion,							
	 a. The exit sign diwhen tested. Locati include but are not i. Corridor near Bii. Corridor near c. The exit sign die backup power when 5. Based on obse 	tedroom 407, Bedroom 410. If not work on normal point tested in the Therapy Trvation, the Building w	power or y Room.							
	maintained in a saft because the fire sp impaired, exposing	e and operating condit rinkler escutcheon pla openings through the passage of smoke an	tion, tes were ceiling							
	c. The fire sprinkle	on December 11, 2015 er escutcheon plate wo of specific examples in o:	as							

Division of Health Service Regulation

STATE FORM 6899 VZL922 If continuation sheet 2 of 3

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01	ONSTRUCTION (X3) DATE SURVEY COMPLETED									
HAI 060107 B. WING	R									
HAL060107 B. WING	12/11/2015									
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
THE HAVEN IN THE VILLAGE AT CAROLINA P 13150 DORMAN ROAD PINEVILLE, NC 28134										
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5)									
(C 189) Continued From page 2 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their fames with acceptable gaps under normal closing force. Followup Findings on December 11, 2015: c. The top leave of the Nurse Station Dutch door, did not automatically latch into the bottom leaf										

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VZL922